



Department of Medical Assistance Services
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www.dmas.virginia.gov

MEDICAID MEMO

TO: All Virginia Licensed Certified Professional Midwives, Medical Doctors, Nurse Practitioners, Nurse Midwives, Health Departments, Rural Health Clinics, Federally Qualified Health Centers, Laboratories, Outpatient Clinics, and Managed Care Organizations (MCOs) participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 10/11/07

SUBJECT: Medicaid Enrollment and Coverage of Certified Professional Midwives

Effective immediately, the Department of Medical Assistance Services (DMAS) will be enrolling Certified Professional Midwives (CPM) in Virginia Medicaid and reimbursing them for their services under the Medicaid Fee-for-Service program. In order to practice in the State of Virginia and provide services as an enrolled provider with the Virginia Medicaid Program, CPMs must be licensed by the Virginia Department of Health Profession's Board of Medicine, which requires CPMs to be credentialed by the North American Registry of Midwives and meet the standards and practice of the National Association of Certified Professional Midwives. Medicaid Contracted Managed Care Organizations (MCOs) have separate enrollment processes and are under no obligation to follow the DMAS enrollment process.

CPMs will be enrolled by DMAS as a distinct class type of provider. Unlike Certified Nurse Midwives, CPMs do not have prescriptive authority, and do not have direct or indirect physician supervision. They can provide pre- and post-partum care with limitations, and labor and delivery services for low-risk pregnant women in the patient's home.

COVERED SERVICES AND REIMBURSEMENT

CPMs will be reimbursed for the services that they are allowed to provide under state regulation by the Department of Health Profession's Board of Medicine (18 VAC 85-130-45). Along with reviewing relevant state laws and regulations for the practice of midwifery, DMAS consulted with the Commonwealth Midwives Alliance and created the following list of CPT codes that CPMs will be allowed to bill:

36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION)
59025	FETAL NON-STRESS TEST
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)

59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY, INCL. POSTPARTUM CARE
P3001	SCREENING PAP SMEAR, CERVIX OR VAGINAL UP TO 3 SMEARS
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LAB
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99352	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION
A4353	INTERMITTENT URINARY CATHETER; WITH INSERTION SUPPLIES
A4550	SURGICAL TRAYS
A4927	GLOVES, NON-STERILE, PER 50

These CPT codes are subject to change based on changes in the scope of practice of CPMs in Virginia by the Virginia Board of Medicine and changes to procedure codes as the CPT book is periodically updated. Reimbursement rates for CPM services under the Fee-for-Service program may be reviewed at www.dmas.virginia.gov/pr-fee_files.htm. These rates are also periodically adjusted. **CPMs will be reimbursed at 75% of the rate currently provided to Physicians and Certified Nurse Midwives.**

Durable Medical Equipment (DME) and Supplies that can be billed to DMAS by CPMs, such as gloves and catheters, require prior authorization (PA) beyond certain limitations. For a complete listing of DME and Supplies that requires a PA along with the procedures required to submit a PA to the DMAS PA contractor, KePRO, please review the DME Provider Manual and Appendix B of the DME Manual, which can be found on the DMAS web site at www.dmas.virginia.gov. The DME Provider Manual provides an explanation of the PA procedures, contact information, required forms, and PA criteria.

CPM PROVIDER ENROLLMENT

Virginia Licensed CPMs will be required to obtain a National Provider Identifier (NPI) prior to enrolling in the Virginia Medicaid Program. CPMs may obtain an NPI by contacting the National Plan and Provider Enumeration System (NPPES) at 1-800-465-3203 or by applying online at <https://nppes.cms.hhs.gov>. After obtaining an NPI, CPMs must submit a completed provider enrollment package to First Health Services Corporation (FHSC). FHSC is the fiscal agent for Virginia's Medical Assistance Program and administers all provider enrollment functions for Virginia Medicaid. The enrollment package can be acquired by contacting:

First Health Services – Provider Enrollment Unit (PEU)
P.O. Box 26803
Richmond, VA 23261-6803
1-888-829-5373 (in-state, toll-free long distance)
1-804-270-5105 (Richmond area and out-of-state long distance)
Fax: 1-804-270-7027

CPM PROVIDER TRAINING

DMAS will be hosting a day-long training session for licensed CPMs during the month of October, 2007. DMAS will send letters to all actively licensed CPMs in the Commonwealth, inviting them to attend this session. Covered services, provider enrollment, claims and billing, eligibility, provider review, and other topics will be covered in this session. Information about this training session will also be available on the DMAS web site at www.dmas.virginia.gov.

CPMs will be subject to the provider review and audit process, as are all Medicaid enrolled health care providers. CPMs are encouraged to attend this training session to better understand the Medicaid program in relation to their health care practice.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.